

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046909

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN KANSAS CITYLength of stay in 1b  
50 yearsc. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

OSTEOPATHIC HOSPITAL

Inside Limits  
Yes ☒ No ☐c. CITY  
OR  
TOWN

KANSAS CITY

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS  
6028 HARRISON STREETReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

THOMAS

Middle

M.

Last

GODFREY

4. DATE  
OF  
DEATH

Month

Day

Year

DECEMBER 19th 1962

5. SEX  
MALE6. COLOR OR RACE  
CAUCASIAN7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
11/28/869. AGE (last birthday)  
76IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Owner &amp; Operator

10b. KIND OF BUSINESS OR INDUSTRY  
Pul Poultry House11. BIRTHPLACE (City and state or country)  
Toulon, Illinois12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Willus Godfrey

## 13b. MOTHER'S MAIDEN NAME

Nancy Masters

## 14. NAME OF HUSBAND OR WIFE

Beda Verda Godfrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Kansas City, Missouri  
Verda Godfrey, 6028 Harrison Street18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Periphereal Vascular Collapse  
Coronary occlusion  
Arterio-sclerosisINTERVAL BETWEEN  
ONSET AND DEATHhours  
yearsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 62 and last saw him alive on 12-19-62  
Death occurred at 4:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Dec. 22, 1962

Mount Moriah Cemetery

Kansas City

Missouri

## 24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. Newcomer's Sons, Kansas City, Mo. 12-21-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

14-17

Beda Godfrey

Verda Godfrey

BY AFFIDAVIT OF Funeral Director

DOCUMENT

H. La Hue

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold D. Reich*

Licensed Embalmer No.

*4998*

P. O. Address

*K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1. This certificate containing signature will not be accepted as evidence in any court of law.